Town of Randolph Public Health Department

Food Plan Review Application

Name of Establishment:	
Address of Establishment:	
Contact Name:	
Phone:	
Email:	
105 CMR 590.011 requires the Board of Health to deny or grant approval of food establish thirty (30) days upon submission of said plans. This thirty-day (30) time period begins who application is accepted by the Town of Randolph Public Health Department. No demolitic equipment installation may be initiated until plans have been approved by the Public Healt that all other Town Department requirements have been achieved.	en a complete on, renovation or new
Is this a New Food Permit, (\$100 fee) or a Renovation, Menu Change or Equipment Replace	ement, (\$50.00)?
Answer:	
 Submit the following information: For a new food permit, provide a brief written general description of your food serve renovation project, menu change or equipment replacement, provide a brief written changes that will take place to the existing food establishment. For a new food permit, provide a floor plan that details the location of the hand sin bay sink, dish machines, prep sink, food storage areas, food prep areas and restroor establishments, provide updated floor plan to reflect the changes being made to the For the floor plan, match up equipment by numbering the specification sheet so that is located on the floor plan. For example, a specification sheet for a hand sink wouthen #1 is shown on the floor plan. Provide an updated Menu for the plan review process. For a new Food Permit, submit Food Protection Manger Certificates, Allergen Awa Certificates and Choke Saver Training if applicable. Town Department contact statement: I,	and description of the alks, grease trap, three alks, grease the alks, grease trap, the alks, grease trap, the alks, grease trap, alks, grease trap, alks, grease trap, alks, grease trap, three alks, grease trap, grea
FOR BOARD OF HEALTH USE ONLY	

Approved by

Date Inspected

Date Rec'd.

Permit #